



# Healthy Indiana Plan POWER Account Payment Status

State Form 53427 (11-07) / HIP 2518



\*DFRAFAE01\*



Health Plan Provider: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Fax or Mail to: FSSA Document Center  
P.O. Box 1630  
Marion, IN 46952  
Fax #: 1-800-403-0864**

## POWER Account Payment / Non-Payment

*Complete payment or non-payment information below for each HIP individual in this case*

Member Name:

Recipient ID:

Payment Status:

☐ First Payment Received From Member

Date of First Payment:

☐ No Initial Payment Received From Member

☐ No Longer Receiving On-Going Payments From Member

Member Name:

Recipient ID:

Payment Status:

☐ First Payment Received From Member

Date of First Payment:

☐ No Initial Payment Received From Member

☐ No Longer Receiving On-Going Payments From Member

**Note:** *If this form is faxed to the FSSA Document Center, do not send by mail.*

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